

## **EXHIBIT B**



# Summons

In the matter of Milton Tillman SSN # [REDACTED]-6354 at [REDACTED] 21214

Internal Revenue Service (Division): Small Business/Self-Employed

Industry/Area (name or number): South Atlantic Area

Periods: Calendar years ending 12/31/2006, 12/31/2007, 12/31/2008, 12/31/2009, & 12/31/2010

## The Commissioner of Internal Revenue

To: Suntrust Bank - Attn: Subpoena Processing Department

At: PO BOX 620577, Orlando, FL 32862-0577

You are hereby summoned and required to appear before Carla Johnson, Revenue Agent, ID#0274-410 or her designee, an officer of the Internal Revenue Service, to give testimony and to bring with you and to produce for examination the following books, records, papers, and other data relating to the tax liability or the collection of the tax liability or for the purpose of inquiring into any offense connected with the administration or enforcement of the internal revenue laws concerning the person identified above for the periods shown.

SEE ATTACHMENT A

Do not write in this space

Business address and telephone number of IRS officer before whom you are to appear:

31 Hopkins Plaza, Room 1000, Baltimore, MD 21201

Place and time for appearance at 31 Hopkins Plaza, Room 1000, Baltimore, MD 21201



Department of the Treasury  
Internal Revenue Service

[www.irs.gov](http://www.irs.gov)

Form 2039 (Rev. 12-2001)  
Catalog Number 21405J

on the 29th day of August, 2013 at            o'clock            m.

Issued under authority of the Internal Revenue Code this 29th <sup>(year)</sup> day of July, 2013 <sup>(year)</sup>

Signature of issuing officer

Revenue Agent

Title

Signature of approving officer (if applicable)

Group Manager

Title

Original — to be kept by IRS



# Service of Summons, Notice and Recordkeeper Certificates

(Pursuant to section 7603, Internal Revenue Code)

I certify that I served the summons shown on the front of this form on:

Date July 29, 2013	Time
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**How  
Summons  
Was  
Served**

1. ☐ I certify that I handed a copy of the summons, which contained the attestation required by § 7603, to the person to whom it was directed.
2. ☐ I certify that I left a copy of the summons, which contained the attestation required by § 7603, at the last and usual place of abode of the person to whom it was directed. I left the copy with the following person (if any): \_\_\_\_\_
3. ☒ I certify that I sent a copy of the summons, which contained the attestation required by § 7603, by certified or registered mail to the last known address of the person to whom it was directed, that person being a third-party recordkeeper within the meaning of § 7603(b). I sent the summons to the following address: Suntrust Bank- Attn: Subpoena Processing Dept  
PO Box 620577, Orlando, MD 32862-0577 via article #70112000000245937023

Signature

Title

Revenue Agent

4. This certificate is made to show compliance with IRC Section 7609. This certificate does not apply to summonses served on any officer or employee of the person to whose liability the summons relates nor to summonses in aid of collection, to determine the identity of a person having a numbered account or similar arrangement, or to determine

whether or not records of the business transactions or affairs of an identified person have been made or kept.

I certify that, within 3 days of serving the summons, I gave notice (Part D of Form 2039) to the person named below on the date and in the manner indicated.

Date of giving Notice: July 29, 2013

Time: certified mail Article#70112000000245937023

Name of Noticee: Milton Tillman

Address of Noticee (if mailed): [REDACTED] 21214

**How  
Notice  
Was  
Given**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> I gave notice by certified or registered mail to the last known address of the noticee.                         | <input type="checkbox"/> I gave notice by handing it to the noticee.  |
| <input type="checkbox"/> I left the notice at the last and usual place of abode of the noticee. I left the copy with the following person (if any). | <input type="checkbox"/> In the absence of a last known address of the noticee, I left the notice with the person summoned. |
|   | <input type="checkbox"/> No notice is required.   |

Signature

Title

Revenue Agent

I certify that the period prescribed for beginning a proceeding to quash this summons has expired and that no such proceeding was instituted or that the noticee consents to the examination.

Signature

Title

Revenue Agent

**U.S. Postal Service™ RECEIPT**  
**CERTIFIED MAIL™** (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**  
**RECEIVED**  
 JUL 30 2013  
 BY MAIL CENTER

Sent to *Suttrust Bank*  
 Street, Apt. No., or PO Box No. *PO Box 620577*  
 City, State, ZIP+4® *Orlando, FL 32862*

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

*Provident Bank*  
*ATTN: Deborah Bailey*  
*710 Ambassador Rd*  
*Baltimore, MD 21244*

## 2. Article Number

(Transfer from service label)

7011 2000 0002 4593 7016

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *7/31*

D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

**U.S. Postal Service™ RECEIPT**  
**CERTIFIED MAIL™** (Domestic Mail Only; No Insurance Coverage Provided)  
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 City, State, ZIP+4® *Orlando, FL 32862*

PS Form 3800, August 2006 See Reverse for Instructions

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

*Suttrust Bank*  
*ATTN: Subpoena Process*  
*Dept.*  
*PO Box 620577*  
*Orlando, FL 32862*

## 2. Article Number

(Transfer from service label)

7011 2000 0002 4593 7023

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]* ☐ Agent ☐ Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *AUG 05 2013*

D. Is delivery address different from item 1? ☐ Yes ☐ No  
 If YES, enter delivery address below:

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes